FEDERAL PATIENT-CENTERED MEDICAL HOME (PCMH) COLLABORATIVE
Catalogue of Federal PCMH Activities ***as of March 2011***

OPERATING DIVISION/DEPARTMENT:
Agency for Healthcare Research and Quality (AHRQ)

Respondents:

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PRÉCIS:

- AHRQ has a well-defined set of strategic goals that highlight health care system transformation and improvement, and sees the patient-centered medical home as one the most promising models to advance its goals. A large number of research and technical assistance activities are currently underway at AHRQ that are designed to advance the conceptualization of the medical home model and help primary care practices transform to deliver more patient-centered care. AHRQ is collaborating with most of the agencies in the Federal sector that work on medical homes and is in a unique position to convene the disparate Federal agencies to advance collaboration and consensus within the field. AHRQ has developed a definition of the medical home, available here: http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/what_is_pcmh_

STRATEGIC GOALS OF THE OPERATING DIVISION/DEPARTMENT:

- *Strategic goals explicitly support advancing the PCMH.* AHRQ recognizes that revitalizing the Nation's primary care system is foundational to achieving high-quality, accessible, efficient health care for all Americans. Work on the patient-centered medical home is housed in AHRQ's Center for Primary Care, Prevention, and Clinical Partnerships (CP3). AHRQ and the Center believe that the medical home is a promising model to achieve the goals of transforming the organization and delivery of primary care. Supporting the PCMH model is a top priority within CP3 and within the Prevention and Care Management portfolio.

AREAS OF PCMH ACTIVITY:

Pilot or demonstration programs

- *Infrastructure for Maintaining Primary Care Transformation (IMPaCT) – Support for Models of Multi-sector, State-level Excellence).* On November 8, 2010, AHRQ announced a new Federal funding opportunity to support primary care models for transformation at the State level. The grant will provide $3 million over 2 years to expand current State-level, multi-sector efforts to transform primary care practices and develop sustainable infrastructure for quality improvement in small- and medium-sized primary care

practices. This grant offers a "down payment" toward the national primary care extension program authorized but not funded in Section 5405 of the Affordable Care Act (ACA). While this project is not explicitly related to the PCMH, it involves transforming primary care and will support programs that may become models for a potential national primary care extension service. See http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-11-002.html for more information.

Technical assistance, implementation assistance

- *Expert Working Group for PCMH Facilitation*. AHRQ supports an expert working group of organizations that employ practice facilitators or coaches assisting primary care practices on becoming medical homes. This project is part of a 2-year, million dollar initiative that started in fall 2010. It is anticipated that a "how to" guide to practice facilitation will be published at the end of the first year of the project based on the group's work.
- *TeamSTEPPS.* AHRQ has developed a TeamSTEPPS program (http://teamstepps.ahrq.gov/) to improve the functioning of teams in hospital-based settings. The program has been tested with trauma and ER teams. AHRQ has commissioned an expansion and modification of the TeamSTEPPS program for primary care. The project kicked off in fall 2010, and the Agency expects to see a final product in spring 2012.

Research (includes evaluation)

- *Transforming Primary Care evaluation grants.* In 2010, AHRQ funded 14 mixed-method evaluation grants to support systematic studies of ongoing, successful efforts to transform the delivery of primary care in the U.S. Investigators will review programs that have successfully transformed to a medical home and identify the medical home model's impact on costs of care, and patient and provider experiences/satisfaction. The grants total approximately $8 million over 2 years.
- *Retrospective evaluations on long-term medical home models.* AHRQ has two contracts to evaluate long-term medical home models at Health Partners (Minnesota) and WellMed (Texas) for costs, benefits, and patient outcomes. The results will be released in spring 2011.
- *A Research Agenda for the Patient-Centered Medical Home.* The results from this AHRQ-funded national conference were published in June 2010 in the *Journal of General Internal Medicine* (volume 25, no. 6).
- *Foundational white papers.* AHRQ commissioned a series of foundational white papers on topics related to the medical home. Four have been published: *Necessary but Not Sufficient: The HITECH Act's Potential to Build Medical Homes*; *Engaging Patients and Families in the Medical Home*; *Integrating Mental Health Treatment into the Patient-Centered Medical Home*; and *The Roles of Patient-Centered Medical Homes and Accountable Care Organizations in Coordinating Patient Care*. These white papers are available here: http://www.pcmh.ahrq.gov. Two additional papers, one synthesizing the evidence and outcomes of medical home models and another discussing the medical

neighborhood, are due in late spring 2011. AHRQ has commissioned three additional papers to be developed over the next year on: 1) research methods related to evaluating the medical home, 2) integrating home and community-based services into the medical home model, and 3) multi-payer initiatives on the PCMH. These three papers will be released in fall 2011.

- *Decisionmaker briefs.* AHRQ is also developing a series of short decisionmaker briefs to complement the longer foundational white papers mentioned above. The first two, *Strategies to Ensure HITECH Supports the Patient-Centered Medical Home* and *Strategies to Put Patients at the Center of Primary Care*, have been published and are available on http://www.pcmh.ahrq.gov. Several others will follow.

Other

- *Care Coordination Measures Atlas.* Based on stakeholder feedback, AHRQ has created a 5-year project to develop measures for care coordination in primary care. The first phase of the project resulted in a Care Coordination Measures Atlas that provides a conceptual framework for measurement and maps over 60 existing measurement tools into the framework. The Atlas is publicly available, provides summaries of existing measures, and includes sufficient technical detail to support researchers who want to evaluate care coordination interventions. The Atlas is available here: http://www.pcmh.ahrq.gov.
- *CAHPS tool for the PCMH.* AHRQ has also commissioned a new module for the Consumer Assessment of Healthcare Providers and Systems (CAHPS) tool for ambulatory surgery for physicians and groups. The new CAHPS tool uses domains of the patient-centered medical home to map patient experience, access, communication, and whole person care. The measures are expected to be publicly available in June 2011, following field testing and cognitive development. More information is available here: https://www.cahps.ahrq.gov/default.asp.
- *Investigator-initiated Grant Programs.* Through its investigator-initiated grant programs, AHRQ has funded other work directly or tangentially related to the PCMH. Information about these grants is available through the searchable GOLD database: http://gold.ahrq.gov/projectsearch/index.jsp.

MATERIALS:

Toolkits

- *Toolkit for Practice Redesign.* AHRQ commissioned the development of a toolkit to provide safety net providers with information on redesigning their systems of care along the lines of the Chronic Care Model while attending to their financial realities. This toolkit is available at: http://www.ahrq.gov/populations/businessstrategies/. A companion practice coaching manual is available at: http://www.ahrq.gov/populations/businessstrategies/coachmanl.htm. The practice coaching manual aims to help improve clinical quality in an ambulatory setting by providing an overview of practice coaching and how various settings have used it to improve care, along with specific implementation guidance and tools.

Web sites

- *The Patient-Centered Medical Home Resource Center*. This web site provides policymakers and researchers with access to evidence-based resources about the medical home and its potential to transform primary care and improve the quality, safety, efficiency, and effectiveness of U.S. health care. Access the site at http://www.pcmh.ahrq.gov/. Elements of the portal include:
    - *Citations Database.* AHRQ has developed a citations database that provides policymakers and researchers ready access to the latest literature on PCMH and its major components. The citations database contains hundreds of sources, including journal articles, reports, policy briefs, and position statements pertaining to the medical home or widely cited in PCMH literature. The database is updated quarterly and is available to members of the Federal Collaborative and the public. See: http://www.pcmh.ahrq.gov/portal/server.pt/community/pcmh__home/1483/citations_collection
    - *Reports and Monographs.*
        - *Necessary, But Not Sufficient: The HITECH Act's Potential to Build Medical Homes.* Access the white paper at http://pcmh.ahrq.gov/portal/server.pt/gateway/PTARGS_0_11787_947457_0_0_18/HITECH%20White%20Paper--8%2010%202010.pdf.
        - *Engaging Patients and Families in the Medical Home.* Access the white paper at http://pcmh.ahrq.gov/portal/server.pt/gateway/PTARGS_0_11787_913652_0_0_18/Engaging%20Patients%20White%20Paper-July1.pdf.
        - *Integrating Mental Health Treatment into the Patient-Centered Medical Home.* Access the white paper at http://pcmh.ahrq.gov/portal/server.pt/gateway/PTARGS_0_11787_913654_0_0_18/Mental%20Health%20in%20the%20PCMH-July1.pdf.
        - *The Roles of Patient-Centered Medical Homes and Accountable Care Organizations in Coordinating Patient Care*. Access the white paper at http://pcmh.ahrq.gov/portal/server.pt/gateway/PTARGS_0_11787_949768_0_0_18/Role%20of%20PCMHs%20and%20ACOs%20in%20Coordinating%20Patient%20Care.pdf.

ACTIVE PCMH COLLABORATIONS WITH FEDERAL PARTNERS:

- AHRQ collaborates with partners across the Federal Executive Branch through the Federal PCMH Collaborative, which it organized and facilitates. AHRQ also developed and maintains a password-protected portal that serves members of the Federal PCMH collaborative. The Federal PCMH Collaborative and the private portal/online workspace are communities for Federal executive branch employees only. Registered users can access the site at http://pcmh.ahrq.gov/portal/server.pt?open=512&objID=1866&mode=2.

- *Department of Veterans Affairs (VA)*. AHRQ is in the initial stages of a partnership (through the Federal Quality Cancer Care Committee) with the VA to user-test measures in the Care Coordination Atlas (described above).
- *Department of Defense (DoD).* AHRQ provides a secure Web portal for the DoD services' use to collaborate around implementation of the PCMH.
- *National Cancer Institute (NCI) at the National Institutes of Health.* AHRQ is in the initial stages of a partnership (through the Federal Quality Cancer Care Committee) with NCI to user-test the measures in the new *Care Coordination Atlas*.
- *Indian Health Service (IHS).* AHRQ is in the initial stages of a partnership (through the Federal Quality Cancer Care Committee) with IHS to user-test the measures in the new *Care Coordination Atlas*, and the two agencies are collaborating on work related to patient self-management.